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| **BLS Treatment** |
| * Position of comfort. * NPO. * **Oxygen** as indicated. * Provide Spinal Motion Restriction as indicated or position of comfort as indicated. * Appropriately splint suspected fractures/instability as indicated. * Bandage wounds/control bleeding as indicated; apply tourniquet proximal to injury as indicated. * Assess extremity for decreased sensation, motor function, skin color changes and diminished pulses every 5 min (while entrapped and after extrication). |
| **ALS Treatment** |
| * EKG rhythm strip before and after extrication of crushed extremity.   **Pre-Extrication**   * Establish IV/IO and administer bolus of 2 L of **Normal Saline** followed by 500ml /hr.   **Immediately Prior to Extrication**   * Administer **Sodium Bicarbonate** 1mEq/kg up to 100 mEq IVP.   **Post Extrication**   * If hyperkalemia is suspected [T waves is peaked; QRS is prolonged (>0.12 seconds) or hypotension develops], administer **Calcium Chloride.** * If suspected hyperkalemia persists (peaked T wave; prolong QRS), administer **Albuterol** (helps drive K+ into cells). * For pain: may administer **Morphine Sulfate.** * For nausea / vomiting: may administer **Ondansetron.** |
| **Comments**   * Complete trauma assessment and evaluate patient for other distracting injuries and treat as indicated. |
| **Base Hospital Contact Criteria** |
| * Fluid bolus for pediatric patient. * Patients with history of cardiac or renal dysfunction. |